



Quality Enhancement Research Initiative

Mental Health

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The Mental Health Quality Enhancement Research Initiative (MHQ) employs the QUERI process (see back page) to improve the quality of care and health outcomes of veterans with major depressive disorder (MDD) and schizophrenia. Schizophrenia and MDD were chosen as targets for MHQ due to their prevalence, significant impact on the lives of patients, and the substantial cost to society. Major depressive disorder is one of the most common and costly of mental disorders. Depression costs the US an estimated \$44 billion per year, which includes both direct (i.e., medical care) and indirect (i.e., lost productivity) costs. Schizophrenia, perhaps the most devastating mental disorder, affects more than 2 million Americans and costs exceed \$30 billion per year, accounting for more than 25% of total direct costs for mental illness. In FY00, VHA provided care to over 102,000 patients with a schizophrenia diagnosis, and 16% of VA's budget for health care was spent on the health care needs of patients with psychotic disorders (including bipolar disorder). While there are effective pharmacologic therapies for both MDD and schizophrenia, studies show that depression is underdiagnosed and inadequately treated, and that almost 50% of patients with schizophrenia who are discharged from hospitals do not remain in treatment over time.

MHQ's mission encompasses improving the quality of care for veterans with major depressive disorder or schizophrenia through the translation of research knowledge into clinical and organizational practice. Since its inception in 1998, MHQ has focused on

research to close gaps in the knowledge of best treatment practices and develop effective strategies for implementing clinical guidelines. Today, MHQ efforts center on two translation initiatives (described in the next section) and other projects in five key areas:

- Development and testing of streamlined outcomes measures (including health-related quality of life) for schizophrenia and depression treatment, in coordination with the National Mental Health Improvement Program and various Mental Illness Research, Education, and Clinical Centers (MIRECCs);
- Variation in psychotropic prescribing practices and the impact of barriers to prescribing newer psychotropic medications, including clozapine;
- Development and testing of guideline-based clinical reminders;
- Resource toolkits development and dissemination to support implementation of best practices for MDD and schizophrenia; and
- Internet and VA Intranet website maintenance to accelerate and complement dissemination of resources.

Translating Research into Practice

MHQ is focusing its immediate translation efforts in two areas: increasing the appropriate use of antipsychotics and incorporating the collaborative care model for the treatment of depression in primary care into routine VA practice settings.

Appropriate use of novel antipsychotic medication: MHQ research shows that prescribing rates for the newer antipsychotic agents (i.e., risperidone, olanzapine, quetiapine) vary widely. Prescribing rates for clozapine, which is reserved for use in treatment of refractory patients, also vary dramatically. Further, traditional agents, as well as the newer drugs, are often prescribed at doses outside of guideline recommended ranges.

MHQ's translation goal is to increase the guideline-concordant use of antipsychotics, including appropriate switching of refractory patients to newer agents (including clozapine) and reducing the frequency of antipsychotic prescribing outside guideline-recommended dose ranges. The translation project includes: 1) a multi-site demonstration project in one VISN that will demonstrate the effectiveness of

The MHQ Executive Committee:

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The Research Coordinator is **Richard Owen, MD** and the Clinical Coordinator is **Stephen Marder, MD**. The MHQ Executive Committee includes 10 other experts in the field of mental health: Frederic Blow, PhD, Dale Cannon, PhD, Nancy Jo Dunn, PhD, Susan M. Essock, PhD, Ellen Fischer, PhD, Martha Gerrity, MD, PhD, JoAnn Kirchner, MD, Lisa Rubenstein, MD, MSPH, William Van Stone, MD, and John Williams, Jr, MD, MHS.

an intensive implementation strategy (e.g., use of opinion leaders, provision of clinical tools such as pocket cards and computerized reminders, and frequent performance feedback) to improve medication management; 2) revision of the implementation strategy and subsequent “roll-out” to two other VISNs for implementation; and 3) national dissemination of information and tools to promote guideline-concordant medication management. The expected impact of this translation effort includes increased adherence to VHA schizophrenia guidelines and improved patient outcomes.

Collaborative care model for MDD:

The goal of this project, headed by MHQ Executive Committee member Dr. Lisa Rubenstein, is to translate a previously tested collaborative care model for improving the quality of depression care across multiple VISNs. The project team will conduct a process evaluation of evidence-based quality improvement (EBQI), a dissemination method that relies on expert design and local implementation. EBQI for depression (EBQID) will assist implementation of collaborative care for depression. The project’s objectives are to: adapt the depression collaborative care model to diverse VA settings; develop EBQID for VA that includes an interactive website and group learning through participant Learning Sessions; and evaluate the success of intervention implementation in participating sites using a process evaluation approach. The project team is partnering with three VISNs.

Recent MHQ Findings

Here are a few of the significant findings from MHQ research:

- *Depression treatment in primary care settings:* Multi-component interventions improve processes (i.e., identification of depressed patients and initiation of guideline concordant treatment) and outcomes (i.e., depression symptoms) of depression treatment in primary care settings. Such interventions include provider education, case management, feedback, and patient education and activation.
- *Variation in antipsychotic prescribing:* Antipsychotic medication prescribing continues to vary across VA sites, both in terms of medications used and dose range.
- *Reducing high dose prescribing of antipsychotics:* Thus far, MHQ’s translation project has stimulated significant reduction in rates of very high-dose prescribing (25% above the high end of the recommended ranges) in participating intervention sites.
- *Diagnoses vary among primary care clinics:* The frequency of diagnosis of depressive disorders, including MDD, varies substantially in VA primary care clinics.

- *Gaps in implementing guidelines:* A survey of VA medical center mental health service chiefs reported that nearly one-third have not implemented portions of the MDD guideline designed for mental health specialty settings.

Quality Enhancement Research Initiative

QUERI currently focuses on eight conditions that are prevalent and high-risk among veteran patients: Colorectal Cancer, Chronic Heart Failure, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, and Substance Abuse.

The QUERI Process

The QUERI process includes six steps:

- 1) identify high-risk/high-volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life and systems improvements.

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MHQ intranet website: <http://vawww.mentalhealth.med.va.gov/mhq>

MHQ Internet website: <http://www.mentalhealth.med.va.gov/mhq/index.shtml>